

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	1/27
O.I.P.E. CLASSIFIER		2/43	2/18/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Final	Original	Date
1	✓	9-28-02	
2	✓	3-3-03	
3	✓	9-30-00	
4	✓	8-16-12	
5	✓		
6	✓		
7	✓		
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50	✓		

Claim	Final	Original	Date
51	✓		
52	✓		
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58	✓		
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100	✓		

Claim	Final	Original	Date
101	✓		
102	✓		
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149	✓		
150	✓		

If more than 150 claims or 10 actions  
staple additional sheet here

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